

Christo Inventory for Substance-misuse Services

Assessor Date.....

Client DOB..... M F Intake assessment

Drugs of choice(e.g., alcohol, opiates, etc.) or Follow-up assessment

Residence(e.g., hostel, prison, residential treatment, home, hospital, NFA)

Service Provision:	Name	Date in	Date out	Reason left
First
Second

This form is for evaluation / clinical audit purposes only and is a rough indicator of professional **impression** of recent drug / alcohol related problems **in the past month**. Specific situations / behaviours are listed only as guiding examples and **may not reflect** the exact situations / behaviours of the client. (Please ring a number under each heading)

Social functioning

- 0... e.g., client has a stable place to live **and** supportive friends or relatives who are drug / alcohol free.
- 1... e.g., client's living situation may not be stable....., **or** they may associate with drug users / heavy drinkers..... (Tick one)
- 2... e.g., living situation not stable, **and** they either claim to have no friends or their friends are drug users / heavy drinkers.

General health

- 0... e.g., client has reported no significant health problems.
- 1... moderate health problems e.g., teeth/sleep problems, occasional stomach pain, collapsed vein, asymptomatic hep B / C / HIV.
- 2... major problems e.g., extreme weight loss, jaundice, abscesses/infections, coughing up blood, fever, overdoses, blackouts, seizures, significant memory loss, neurological damage, HIV symptoms.

Sexual / injecting risk behaviour

- 0... e.g., client claims not to inject, or have unsafe sex (except in monogamous relationship with longstanding partner, spouse).
- 1... e.g., may admit to occasional "unsafe" sexual encounters, or suspected to be injecting but denies sharing injecting equipment.
- 2... e.g., client may admit to regular "unsafe" sexual encounters, or has recently been injecting and sharing injecting equipment.

Psychological

- 0... e.g., client appears well adjusted and relatively satisfied with the way their life is going.
- 1... e.g., client may have low self-esteem, general anxiety, poor sleep, may be unhappy or dissatisfied with their lot.
- 2... client has a neurotic disorder e.g., panic attacks, phobias, OCD, bulimia, recently attempted or seriously considered suicide, self-harm, overdose or may be clinically depressed. Or client may have psychotic disorders, paranoia (e.g., everybody is plotting against them), deluded beliefs or hallucinations (e.g. hearing voices).

Occupation

- 0... client is in full time occupation e.g., homemaker, parent, employed, or student.
- 1... e.g., client has some part time parenting, occupation or voluntary work.
- 2... e.g., client is largely unoccupied with any socially acceptable pastime.

Criminal involvement

- 0... e.g., no criminal involvement (apart from possible possession of illicit drugs for personal use).
- 1... e.g., client suspected of **irregular** criminal involvement, perhaps petty fraud, petty theft, drunk driving, small scale dealing.
- 2... e.g., suspected of **regular** criminal involvement, **or** breaking and entering, car theft, robbery, violence, assault.

Drug/alcohol use

- 0... e.g., no recent drug / alcohol use.
- 1... e.g., client suspected of periodic drug / alcohol use, or else may be socially using drugs that are not considered a problem, or may be on prescribed drugs but not supplementing from other sources.
- 2... e.g., client suspected of bingeing or regular drug / alcohol use.

Ongoing support

- 0... e.g., regular attendance of AA / NA, drug free drop in centre, day centre, counselling, or treatment aftercare.
- 1... e.g., patchy attendance i.e., less than once a week contact with at least one of the above.
- 2... e.g., client not known to be using any type of structured support.

Compliance

- 0... e.g., attends all appointments and meetings on time, follows suggestions, or complies with treatment requirements.
- 1... e.g., not very reliable, or may have been reported as having an "attitude" problem or other difficulty with staff.
- 2... e.g., chaotic, may have left treatment against staff advice or been ejected for non-compliance e.g. drug use, attitude problem.

Working Relationship

- 0... relatively easy going e.g., interviews easily, not time consuming or stressful to work with.
- 1... moderately challenging e.g., a bit demanding or time consuming, but not excessively so.
- 2... quite challenging e.g., very demanding, hard work, time consuming, emotionally draining or stressful to see.

CISS Total Score =

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Tips on interpreting CISS items.

- All injectors score at least 1 on 'sexual / injecting risk'. Some alcohol users when disinhibited have been known to have unsafe sex with casual partners.
- Child care is an 'occupation' (you decide if full or part time).
- Irregular petty crime (e.g., shoplifting) scores 1 on 'criminal involvement' unless it occurs on a regular basis (e.g., 2+ times a week), in which case it scores 2. Any instance of a more serious crime (e.g., violence) scores 2 regardless.
- All methadone or benzodiazepine prescribed (scripted) clients score at least 1 on 'drug use', score 2 if using other drugs on top. Only drug free clients score 0.
- Alcohol users who regularly binge still score 2 on 'drug use' even if they do not drink daily.
- Prescribed medication drugs like SSRIs or neuroleptics need not be classified as 'drug use'. Prescribed abusable drugs like methadone, benzodiazepines or dexedrine are classified as drug use.
- Clinic attendance classifies as 'ongoing support'. All clients should score 1 or less, unless they were assessed at intake for the month before coming to your clinic.
- 'Working relationships' for clients with a lot of external professional involvement or issues (e.g., lawyers or child care & Social Services, reports that need writing) are unusually time consuming. They score 2 even if the client is not stressful to see.

Comparisons for interpreting CISS total score (sum of item scores)

Abstinence based treatment outcomes: Six-month outcomes for 90 treated drug users from abstinence based treatment centres

In the month before follow-up:	Good outcome: 48 were abstinent and average CISS score was 2.9 (<i>sd</i> = 1.9)	
	Poor outcome: 42 had used drugs	and average CISS score was 10.6 (<i>sd</i> = 4.3)
Over entire six month period:	Good outcome: 33 remained abstinent*	and average CISS score was 2.9 (<i>sd</i> = 2.0)
	Good outcome: 22 had a lapse*	and average CISS score was 4.5 (<i>sd</i> = 2.9)
	Poor outcome: 35 had a relapse*	and average CISS score was 11.2 (<i>sd</i> = 4.5)

* Lapse status was assessed using an eight-level scaling of lapse / relapse outcomes (as defined by Walton *et al.*, 1994). Drug use over the entire six-month follow-up period was assessed using the principle of Timeline Follow Back (Sobell *et al.*, 1988), as adapted for drug use by Walton *et al.* (1994).

N.B. a CISS cut-off score of 6 or less can be used to indicate "good outcome" for abstinence based treatment. This correctly identified 88% of outcomes where drug use was assessed only in month before follow-up, and 84% of outcomes where drug use was assessed over the entire six-month follow-up period.

Harm minimisation prescribing based service score distribution:

Average CISS score among 243 clients at a London community drug service = 9.1 (<i>sd</i> = 3.4)		
16%obtained CISS scores in range 0 to 5	=	low problem severity
67%obtained CISS scores in range 6 to 12	=	average problem severity
17%obtained CISS scores in range 13 to 20	=	high problem severity

Outpatient alcohol service score distribution:

Average CISS score among 102 clients at a London community alcohol service = 8.1 (<i>sd</i> = 3.4)		
15%obtained CISS scores in range 0 to 4	=	low problem severity
70%obtained CISS scores in range 5 to 11	=	average problem severity
15%obtained CISS scores in range 12 to 20	=	high problem severity

Alcohol users generally score one CISS point less than drug users. Alcohol users are less likely to score on problems of social functioning, HIV risk behaviour and criminal involvement, but they are more likely to score on psychological problems.

References

- Christo, G. (1998). Outcomes of residential care placements for people with drug and alcohol problems. The Centre for Research on Drugs and Health Behaviour.
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- Sobell, L.C., Sobell, M.B., Leo, G.I. and Caneilla, A. (1988). Reliability of a timeline method: assessing normal drinkers' reports of recent drinking and a comparative evaluation across several populations. *British Journal of Addiction*, 83, 393-402.
- Walton, M.A., Castro, F.G. and Barrington, E.H. (1994). The role of attributions in abstinence, lapse, and relapse following substance abuse treatment. *Addictive Behaviors*, 19(3), 319-331.